

**REQUEST FOR DIRECT APPEAL
TO THE STATE BOARD OF TAX APPEALS**

The following taxpayer requests the attached appeal be heard by the State Board of Tax Appeals without first having a hearing before the County Board of Equalization.

Parcel No: _____

Property Type: _____

Owner: _____

Mailing Address For All Correspondence Relating To Appeal:

Street Address: _____

City, State, Zip Code: _____

Daytime Phone No: _____

Name of Petitioner or Authorized Agent: _____

Main Issue: _____

Reason this should be heard by the Board of Tax Appeals: _____

Amount of value in dispute: \$ _____

All parties must agree to this request or the appeal shall be considered first by the County Board of Equalization.

I Agree To This Request:

Date: _____

Taxpayer or Agent

☐ Yes ☐ No Date: _____

Assessor

The signature below represents a majority of the Board of Equalization, the minutes of the Board reflect the vote.

☐ Yes ☐ No Date: _____

Board of Equalization Chair

THIS REQUEST MUST BE FILED WITH THE COUNTY ASSESSOR'S OFFICE.

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.